COLORADO
Department of Health Care Policy & Financing

On premise supervision for non-physician practitioners (Registered Nurses only)

Registered nurses, by state regulation, require on premise supervision and must complete this form to enroll with Colorado Medicaid.

- Registered Nurses (Other than employees of a Certified Health Department* and employees of a Nurse Home Visitor Program (NHVP) site**)

Benefit services by registered nurses must be provided in compliance with the following requirements:

- Services must be performed under the direct and personal supervision of an advanced practice nurse (APN) or physician (MD) who is immediately available when services are provided. This means that the supervising APN/MD must be physically present on the premises when the service is provided.
  - The on premise requirement does not apply to targeted case management provided by registered nurses under the Nurse Home Visitor Program. Registered nurses can provide this service without a supervising APN/MD on premises.
- Services must be ordered by the supervising APN/MD.
- Claims must be submitted through the supervising APN/MD. Registered nurses must look to the supervising or billing APN/MD for compensation.
- The supervising APN/MD Colorado Medical Assistance Program provider number must appear on the claim form as the supervising physician, the referring provider, or the billing provider.
- Claims must be billed using procedure codes specifically designated for non-physician billing.
- Claims must identify the registered nurse with provider number, as the rendering provider.
- The registered nurse applicant must identify the Colorado Medical Assistance Program enrolled APN/MD(s) who will provide supervision. The supervisor's original signature must be included on the application. An original signature assures that the supervisor is aware of and understands the supervisory role and requirements.

* Employees of a certified health agency do not require on premise supervision. Complete this form by identifying the agency's provider by name and provider number and write "Certified Health Agency" on line one in the space for the supervising provider's signature.

** Employees of a Nurse Home Visitor Program site providing case management services do not require on premise supervision. Complete this form by checking the box to attest that enrollment is for the NHVP, sign and date in the space provided below.

	Supervising APN/MD Name	Colorado Medical Assistance Program Provider Number	Supervising APN/MD's Original Signature
1.			
2.			
3.			
4.			

☐ I am applying to render targeted case management services to Medicaid clients through the Nurse Home Visitor Program.

The name of the program site is _____.

Name	Signature	Date